L10000 127029

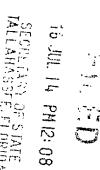
	•			
(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone #/)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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07/14/16--01027--007 **25.00



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
WPHOA, LLC	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Patricia A. Mallard	
Name of Person	
Duval Realty, Inc.	
Firm/Company	P ************************************
2980 Hartley Road, Suite 2	
Address	
Jacksonville, FL 32257	
City/State and Zip Code	
Accounting@DuvalRealtyInc.com	
E-mail address: (to be used for future annual report no	ification)
For further information concerning this matter, please call:	
Accounting@DuvalRealtyInc.com 904	367-1818
Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:
-	Registration Section
•	Division of Corporations
	P.O. Box 6327 Fallahassee, Florida 32314
Tallahassee, Florida 32301	andnassee, Pionida 32314
Enclosed is a check for the following amount:	
	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: WPHOA, LLC		<u></u>	
(a)	2980 Hartley Road	(b) 2980 Hartley Road		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		- / <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 2	_	Suite	2
	Jacksonville, FL 32257	_ 	Jacks	onville, FL 32257
	12/10/2010		L10000	00127029
	Date of filing/registration in Florida	4.		Document number
(a)	Duval Realty, Inc.			
(4)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of S	State:
	9310 Old Kings Road South			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>S)</u>	
	Suite 902			
	Jacksonville, FL	32257		— ALLA 16 JII 5
(b)	Duval Realty, Inc.			— Jana Jana Jana Jana Jana Jana Jana Jan
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	ldress:	Tier To
	2980 Hartley Road			PHIZ: 08
	NEW Registered Office Address:			<u> </u>
	Suite 2			
	Jacksonville , FL	32257		
e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regional the line in the l	istered off ompany, inited liability of liability of	fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signat	ture of a member or authorized representative of a member	∪a —	ii vv. Uli	Printed or typed name of signee
he re l ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statistics relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform for in ereby c	t in this c nance of n Chapter (confirm th	capacity. I further agree to comply with t

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent